



Emergency Telephone (911) Service Fee Return

10-4-101, MCA

Quarter ending _____/_____/_____ Federal ID # _____

Name and address of the provider of telephone exchange access service

	Column a. Total Access Lines	Column b. Exempt Access Lines	Column c. Taxable Access Lines
Total number of lines for each month			
First month of quarter	_____	_____	_____
Second month of quarter	_____	_____	_____
Third month of quarter	_____	_____	_____
1. Total number of access lines	_____	_____	_____
2. Fee computation (line 1 of Column c., times \$0.50)			\$ _____
Less credit adjustments			
Uncollectible accounts	\$ _____		
Refunds	\$ _____		
Incorrect billings	\$ _____		
Other credit adjustments	\$ _____		
3. Total credits			\$(_____)
Add debit adjustments			
Bad debt adjustments	\$ _____		
Other debit adjustments	\$ _____		
4. Total debits			\$ _____
Total fees remitted			\$ _____
		Revenue Account Code	520212

Date Signature of Preparer Print Name Phone

Retain a duplicate for audit purposes. Returns and remittance for total fees due must be **received** on or before the last day of the month following the last day of the calendar quarter. If you have any questions, please contact our Customer Service Center at:

Montana Department of Revenue
P.O. Box 5835
Helena, MT 59604-5835
(406) 444-6900

This form is also available at www.discoveringmontana.com/revenue